SUPERIOR OR DISTRICT COURT CLIENT QUESTIONNAIRE

Stiller Law, P.C.

FOR IDENTIFICATION PURPOSES WE REQUIRE A COPY OF YOUR DRIVERS LICENSE OR PHOTO ID FOR YOUR FILE

(PLEASE COMPLETE THE FOLLOWING PRIOR TO YOUR APPOINTMENT WITH OUR OFFICE)

Today's Date:_____ Referred By: _____

Your full legal name:_____
(First, middle, last name)

List any aka names, nicknames, maiden names or preferred names:_____
_____

PLEASE INDICATE PREFERRED METHOD OF CONTACT(CIRCLE ONE): MAIL E-MAIL

Mailing Address:_____

_____
(Town, state, zip code)

Phone Number:_____ _____ _____
Home Work Cell(voicemail? Yes or No)
(text msgs? Yes or No)

_____ _____
Fax Email address

Drivers License #:_____ State of Drivers License:_____
Date of Birth:_____Social Security #:_____
Your Place of Employment:_____
Address of Employer:_____
List any and all charges below that you are here to discuss with Mr. Stiller or Ms. Gratale today:

List charge/s	Court date/s

What other types of charges have you ever been convicted of and when?
_____
_____
_____
_____

Are your drivers license currently revoked? ❒ YES ❒ NO If yes, why?_____
_____

List any co-defendants, if known:_____
_____

Please list the names (and relationship to you) of anyone with whom we are authorized to discuss your case/s:
_____

*****COMPLETE THE INFORMATION BELOW ONLY IF YOU ARE HERE TO DISCUSS A DRIVING WHILE IMPAIRED CHARGE OR TO SEE IF YOU ARE ELIGIBLE FOR A LIMITED DRIVING PRIVILEGE********

Did you receive a breathalyzer score, blood test or were you listed as a "refusal"? (CHECK ONE BELOW):
❒ BREATHALYZER ❒ BLOOD TEST ❒ REFUSAL

If the above answer is YES, what was your score? _____

Please provide to us the following information for your file:
Height:_____ Weight:_____ Hair Color:_____ Eye Color:_____

Any restrictions on your drivers license at this time(please list all)?_____
_____
_____
_____

FYI: Standard hours that you will be able to drive on a Limited Driving Privilege, pretrial or otherwise, are Monday through Friday from 6:00 o'clock a.m. to 8:00 o'clock p.m. If you need to drive OTHER than these days and times, provide us with specific days and times below that you must drive and for what purpose:
_____
_____
_____
_____

The above information is true, complete and correct to the best of my knowledge.

Signature:_____